

EXHIBIT C



Financial Questionnaire

- ☐ American General Life Insurance Company, Houston TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

Please complete questions 1 through 4 for personal insurance or questions 1 through 11 if the insurance is for business purposes, then date and sign the questionnaire.

Proposed Insured CHAM FWR Date of birth 9/1/30 Social Security # 083-26-2771

1. Your income (before income tax).

Current fiscal year
(Date 1/1/10 thru 1/1/11)

Previous fiscal year

Salary or wages

Bonuses and/or commissions

Net business or professional income
(i.e., Gross income less business
expenses, but not before personal income)

Other earned income (give details
in "Remarks" below)

Unearned income (interest and
dividends, net real estate income, etc.)
(give details in "Remarks" below)

	<u>1,800,000.00</u>	<u>1,712,000.00</u>
TOTAL	<u>1,800,000.00</u>	<u>1,712,000.00</u>

2. What is your approximate net worth, i.e., assets minus liabilities? (If necessary, give details in "Remarks" below)

Current fiscal year
(Date 1/1/10 thru 1/1/11)

Previous fiscal year

Personal Assets

Business Assets

Liabilities

Net worth

Personal Assets	<u>24,325,000.00</u>	<u>23,150,000</u>
Business Assets		
Liabilities	<u>2,225,000.00</u>	<u>2,225,000</u>
Net worth	<u>22,100,000.00</u>	<u>20,925,000</u>

3. Estimated tax liabilities at death (include potential estate taxes, inheritance taxes and capital gains taxes, both federal and state)

10,000,000

4. How was the need for this new amount of coverage determined?

NET WORTH OR ASSETS calculated with expected
inheritance taxes.

Remarks (questions 1-4)

2) THE ASSETS ARE WITHOUT TAX CURRENT income.

6. Purpose of business insurance
☐ Key Executive ☐ Deferred Compensation ☐ Buy-Sell Agreement/Stock Repurchase ☐ Other
 Other Purpose — explain: _____

8. Is there a written buy/sell agreement in effect? (If yes, attach copy) ☐ Yes ☐ No
 Is there a buy/sell agreement contemplated? ☐ Yes ☐ No

7. Creditor: Name of lender _____
 Is insurance requested by lender? ☐ Yes ☐ No

Coverage amount required by creditor: _____

Purpose of loan _____

(Use "Remarks" below for further details.)

9. Are other corporate officers or partners being insured? ☐ Yes ☐ No

If yes, give details, if no, explain: _____

9. What percentage of the business do you own? _____ %

10. Estimated fair market value of business: _____

(In "Remarks" state how this value was determined)

11. Financial details of business:

Current fiscal year
 (Date / / thru / /)

Previous fiscal year

A. Total assets _____

B. Total liabilities _____

C. Gross sales or revenue _____

D. Net income (before taxes) _____

Please submit a copy of the most recent balance sheet and income statement (year or quarter).

Remarks (questions 5-11) _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

X Owner John D. Dineen Date 5/7/08

Signed at (City, State) LAKELAND, FL

X Witness Bl. Bell Date 5/7/08

X Proposed Insured Ch. Dineen Date 5/7/08

(If under age 18, signature of parent or guardian)

Noted on 6-28-2008

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